



# church partnership form

## 2012-2013

AMBS

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Office of Financial Aid  
3003 Benham Avenue  
Elkhart, Indiana 46517-1999

800 964-2627 or 574 296-6266  
jwalker@ambs.edu

*Associated Mennonite Biblical Seminary serves the church as a learning community with an Anabaptist vision, educating followers of Jesus Christ to be leaders for God's reconciling mission in the world.*

### ■ eligibility

**Full-time, admitted students** may receive dollar-for-dollar matching grants of up to \$2,000 per regular semester (fall and spring), or \$4,000 per year, and a 25% match on contributions beyond \$2,000 per semester. Matching funds are not granted for courses taken during Interterm or summer sessions. **Matching grant funds are a part of the student's AMBS financial aid package and may be capped when AMBS grant totals meet the maximum amount that the student is qualified to receive.**

**Part-time, admitted students** may receive a 25% matching grant to a maximum of \$125 per semester, fall and spring.

**One-course, non-admitted students** are not eligible to receive AMBS matching grants.

### ■ instructions

1. A church partnership form must be completed, including the appropriate church official's signature, and submitted to the financial aid office. Incomplete forms will not be processed.
2. Church partnership forms must be submitted by the May 1 financial aid deadline with the student's financial aid application.
3. Church contributions (checks/money orders) should be payable to AMBS with the student's name included in the "memo" portion or check stub.
4. Matching funds will not be applied to the student's account until funds are received from the church or conference.
5. Students must pay their balance in full by the first day of classes, so it is preferable that church contributions are also received by this time. However, if a church partnership form has been received for a student, he/she will not be assessed a late fee for the expected funds and respective matching grants until **October 1** (for fall semester contributions) and **March 1** (spring semester contributions). If committed funds are not received by the respective dates, the student will be assessed a late fee of \$25 and held responsible for paying their outstanding balance. **Church/conference contributions received after a semester has ended will not be matched.**

Please fill out the form on page 2 and return it to the above address.

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## ■ student information

Student name \_\_\_\_\_ Email \_\_\_\_\_

## ■ congregation/conference information

Name of congregation or conference \_\_\_\_\_

Contact person \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street, box number or rural route City State/Province Zip

\_\_\_\_\_  
Signature of church official

\_\_\_\_\_  
Date

## ■ contribution information

Please indicate how you wish to allocate your contribution: Fall \$ \_\_\_\_\_ Spring \$ \_\_\_\_\_